

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 13 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County LincolnRegistration District No. 486Township LincolnPrimary Registration District No. 5649City Adrian (No.       )File No. 25324Registered No. 27St.       Ward       

## 2. FULL NAME

Bethshela Jones Mayes(a) Residence. No.       St.       Ward.       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 29 1844

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,        hrs. or        min.84915

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Lincoln Co Mo

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Alexander Nelson

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Temperance Cox

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

## 14.

INFORMANT Mrs Willard  
(Address) St Louis Mo

## 15.

FILED 8-10, 1934C. E. POWELL

REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 4 1934

## 17.

I HEREBY CERTIFY, That I attended deceased from

June 16, 1934 to July 4, 1934that I last saw him        alive on       , 19      , and that death occurred, on the date stated above, at        m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

arterio-sclerosis & chronic myocarditis9:30171934

CONTRIBUTORY (SECONDARY)

Gastro-enteritis

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF       

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Blood Pressure

(Signed)

J. B. Hoeger, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New Hope Mo

## DATE OF BURIAL

7/16 1934

## 20. UNDERTAKER

W. H. Bradley

## ADDRESS

Elkhart

